PTOISBUG (08-03)
Approved for use through 7/31/2006, OMB 0631-0032
ademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD								Applic	Application or Doctor Number		
Substitute for Form PTO-875									10/009/12		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY		
L.	FOR SIC FEE	NUM	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE	
(37	CFA 1,16(a))							OR	750	750	
	TAL CLAIMS CFR 1.10(c))	71	71 minus 20 : · 5			X S		7	x 18.	C. 8-	
(32	CFR 1.16(b))	ims 8			. ~			4 %	—	410	
					× 5	//	OR	× 184.	430		
"If the difference in column 1 is less than zero, errer '0' in column 2.					J [+5	-	→ OR	+1000	"		
. 4		CLAIMS AS A	いしりゅ		A 5	. <u> </u>] on	TOTAL	2088		
	(Column 1) (Column				(Column 3)	SMA	LL ENTITY	OR	OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL		RATE	ADDI- TIONAL	
	Total (IV CFR 1.16(C))	1	Minus	70	.21	1	FEE	-	 	FEE	
	Independent (37 CFR 1,160p)	. 8	Minus	=-	1.51	X 5	' 	- OR	x s		
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FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1,16(6))						<u> + ;</u>		_ OR	+3=		
11 18.24.31,46,58,59,60						TOTAL ADD'L FE	ε	OR	TOTAL ADD'L FEE	:	
_	77	(Column 1)	_	(Column 2)	(Cotume 3)			_			
AMENDMENT B	5/16/00	PENAMING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total (37 CFR 1.16(c))		Minu		2	x \$	= /()	CR	x 5 =	FEE	
	Independent (37 CFR 1,1503))171	A STATE OF		•	x s_	.	OR	x 5 =		
₹	FIRST PRESENTATION OF MIRTIPLE DEPENDENT CLAIM (37 CFR).(6(d))							OR	• · · ·		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)			J	100112		
ان	8/,	CLAIMS		HIGHEST				ו ר			
AMENDMENT	12/06	REMAINING AFTER AMENDMENT		PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADOF TIONAL	
	Total (3) CFR 1,16(c)	US	Minus	"77	. 67		FEE	1]		FEE	
	Independent (3) CFR +.15(b)	· U	Minus	<i>S</i>	· 🗡	X \$		200	***		
₹	FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))							OR	x s		
TOTAL								OR	TOTAL		
•	if the entry in co	fumm 1 is toss tha	n the ent~	m cohumn 7	a M ^o in out	ADOL FEE	L	OR	ADD'T FEE		
If the entry in column 1 is tess than the entry or column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
	Ina "Highest Nu	millor Prayminski P	ald For Y	Total or Idebahane							

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of intermation is required by 37. CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35.U.S.C. 122 and 37 CFR 1.14. This confidential as estimated to lake 12 minutes to complete including gathering, preparing, and submitting the complete that the complete that is form and/for suggestions for reducing this burden, should be sont to the Chief Wormston Officer, U.S. Peterd and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. ON NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and safect option 2. 10/662757